

BULLETIN

of the
**MAHONING COUNTY
MEDICAL SOCIETY**

Volume LVII

Number 7

OCTOBER, 1987



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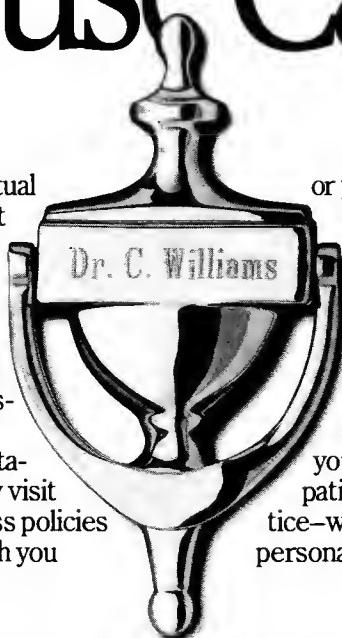
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1987 - MAHONNG COUNTY MEDICAL SOCIETY MEETINGS - 1987

Tuesday	Tuesday	Tuesday	Tuesday	Tuesday	Tuesday
Jan. 20	Mar. 17	May 19	Sept. 15	Nov. 17	Dec. 15

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From the Desk of the President



DAW -- OR NOT

Did you know that you are personally responsible if a generic substitute does not work or causes harm to a patient? Although the FDA prints an "orange book" listing therapeutic equivalents, they also print a disclaimer. The disclaimer says that an FDA evaluation of therapeutic equivalence in no way relieves practitioners of their professional responsibilities in prescribing and dispensing such products with due care and appropriate information to individual patients. Most physicians erroneously think that if they adhere to state laws they will not be held liable if a drug causes an unfavorable reaction. At the present time it is impossible to predict how many future malpractice cases will be initiated because of generic substitution.

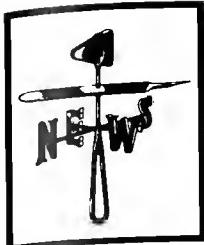
It is true that many of the generics are produced by the large pharmaceutical companies and meet their strict quality-control requirements. The danger is in using a generic of unknown quality. According to the FDA's disclaimer, we should be investigating the quality of the generic substitute. How many of you are doing this or have the time to investigate the quality of a generic substitute. Even if you did, how can you be sure that the pharmacist would use the same substitute the next time.

The problem exists when we give up our right to choose which product our patient should receive. When you do not write DAW on the prescription, you give the pharmacist the right to dispense any generic substitute he has purchased. Obviously, the vast majority of pharmacists will dispense a quality product. Since we will be held ultimately liable, should we just assume and hope that the patient will be given a quality product that will benefit him and not cause him harm.

Since I am not involved in the retail sale of medications, I am unaware of the difference in profit margins in generic versus brand name products. However, since many of my patients tell me that their pharmacists point out to them the difference in price and tell them to ask me to use a generic product, I assume that there is a greater profit margin in the generic products.

Periodically we come across articles in our papers and journals that describe a difficulty from use of a generic. The latest one I have read was in the September 4, 1987, edition of the AMA News. It describes a 16 year-old-girl whose seizures were controlled by primidone. Suddenly she started having seizures. The dosage of the primidone was increased. However, her condition continued to worsen. It was dis-

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The opinions and conclusions expressed herein do not necessarily represent the views of the Editorial staff nor the official views of the Mahoning County Medical Society.

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Editorial:

TRUE COLORS

The fall brings the change toward the winter cold and snows. Life in the wilds of the forest society turns colors and prepares to weather the harshness of winter awaiting a new beginning in the spring. A few trees, however, still stand stalwart, proud to be ever green despite harshness.

Advertising and "beating the bushes" for revenues within the medical profession also seems to be entering a new season. During the spring of our profession science and biology started to take hold, throwing out the Alchemists and quacks. Offering of healing powers could now be backed by the organized efforts of the whole extended medical community. No advertisement except hanging a "shingle" and "word of mouth" by patients was needed to insure a good income.

During the summer hospitals and clinics arose, advertising centralized care with a broad base of medical as well as paramedical care. Physicians gained by not only using the traditional forms of advertisement but also "specializing" in particular fields to gain notoriety as the "expert" thus creating a whole array of gimmicks to treat even the most needy of patients. Advertisement now extended from doctor to other doctors. It worked well. The profession turned green, indeed!

But change has always been inevitable, and the green is now changing colors, controlled by outside influences. Insurance companies advertise payment structures if specific doctors or facilities are used. Industry channels its workers toward a specific type and amount of care each employee will receive. Advertisements by individual doctors or groups are in the telephone book, on billboards, in bus stops and in the newspapers.

Sometimes a few of these methods go too far. Take the malpractice lawyer who sets up a network of "spies" in the hospital to regularly report any potential malpractice. He can then contact the potential client (patient) and point out the benefits of litigation. Take those same lawyers who comb the state looking for specific kinds of cases, hoping for a large settlement in just one in order to set a precedent for the others to be settled. Take a newly-

(Continued on Page 184)

From the Desk of the President

(Continued from Page 182)

covered that unknown to her physician, she had recently been receiving a generic substitution. When the original primidone was restarted, the patient's seizures were again controlled. The two primidores were clearly not bio-equivalent even though both were approved by the FDA. It must be realized that in their testing the FDA permits a generic to deviate 30% above or below the bioavailability of the corresponding brand-name drug. That is a range of 60 percent. Also generics are tested on healthy people between the ages of 18 and 35, not on children or the elderly.

By this article I am not attempting to address whether generics are or are not as good as brand name products. Also I am not advocating either personally or as a representative of the medical society that you use or not use DAW on your prescription. That is a personal decision for each of you to make. I am just pointing out that you are responsible for the choice. At the heart of the issue is "who should prescribe" and "who should dispense." When you write a prescription and a pharmacist, without your knowledge, can substitute, you lose control of treatment. Legally you are liable for that loss of control.

G. Robert Barton, M.D.
President

Editorial:

(Continued from Page 183)

found occupational hazard, screen a large population of workers and will always show up with the disease and the litigation brought on in their names could mean millions!

So what's for the future? Fortunately, all these schemes are still based on the cooperation of doctors. To be an evergreen in a deciduous forest, stick to what you know best. Remember the old adage: "Take care of your patients and they will take care of you."

Brian S. Gordon, M.D.

OLDTIMER REMEMBERS

George Deutchlander was an employee of the Republic Iron & Steel Co. and I had taken care of many minor injuries for him, and he engaged me to take care of his wife who was about due to have her baby. When the time came, the birth was perfectly normal, except for one thing. The baby had a meningocele about the size of a small egg on its neck. When George saw this he said, "Doc, I don't want this baby, you fix him, or take him back."

I was in a quandry, obviously I couldn't take the baby back, so I sought advice from some of my friends. Dr. E. R. Thomas was a pediatrician, and Dr. C. D. Houser was a surgeon of great experience. They both discouraged me. They said that it was no use operating because they usually develop hydrocephoyslsis, but George insisted that I do something. So when the baby was ten days old, the Mother took him to the hospital as an outpatient. The operation was not difficult. A little procane injected in the skin and a small incision revealed a narrow pedicle that extended down to the dura mater of the cord. It was fairly easy to tie it off, and remove the tumor.

When I saw the little boy 12 years later, he was out playing ball in the street with the kids in the neighborhood. No hydrocephoyslsis. So George was satisfied to keep his baby then.

J. L. Fisher, M.D.



BASKING IN THE SUCCESS of the combined Society and Auxiliary meeting Sept. 15 at St. John's Greek Orthodox Church are the two presidents and member of the committee. From the left are: Mrs. Padmaja Ginde and Mrs. Tess Angtuaco, committee members; Mrs. Jackie Barrett, committee chairman; Dr. G. Robert Barton, MCMS president; Mrs. Florence Wang, Auxiliary president; Mrs. Suzy Soleimani, committee member.

COMBINED MEETING A REAL SUCCESS

The general membership meeting of the Mahoning County Medical Society was held Tuesday, September 15, 1987 at St. John's Greek Orthodox Church as a combined meeting with the Society Auxiliary, with Dr. G. Robert Barton presiding.

Dinner was a buffet style, covered dish International Buffet with food provided by the spouses of the members. A great variety of deliciously interesting entrees, salads, hors d'oeuvres and desserts was available in a sufficiency to assure that everyone had enough to eat. A wet bar was staffed and operated by the Society.

The meeting portion of the event was started at approximately 8:30 at which time Dr. Barton introduced those of the head table: Auxiliary President Florence Wang, Society Vice President H. S. Wang, Auxiliary event chairman Mrs. Jackie Barrett, Dr. Barrett.

Dr. Barton gave special recognition to the chairman for the event and her committee: Mrs. Tess Angtuaco, Mrs. Elizabeth Jung, Mrs. Laksmi Perni, Mrs. Pauline Sarantopoulos and Mrs. Suzy Soleimani.

There were 64 members and 53 Auxiliary members present.

A motion was made, seconded and passed to dispense with the reading of the minutes of the May meeting of the Society.

The following resident member applications were presented and approved:

James C. Bainbridge, M.D.
Thomas A. Bajok, M.D.
Samuel J. Daisley, D.O.
Joseph E. Dohar, M.D.

Hugh S. MacQuire, M.D.
Reynaldo Nepomuceno, M.D.
Clark J. Obr, M.D.
M. Sanchez-Parodi, M.D.

Michael J. Eighan, M.D.
 Nicholas M. Garritano, D.O.
 Brenda S. Greene, M.D.
 Ralph E. Harding, D.O.
 Michael A. Lileas, D.O.
 Michael R. McCullough, D.O.

Janet L. Shiley, M.D.
 Paul T. Sutera, M.D.
 Eugene Tareshanty, Jr., M.D.
 Thomas R. Timko, M.D.
 Carol A. Unice, D.O.

Non-resident membership was voted for Thomas Aye, M.D. of Hermiteage, Pa.

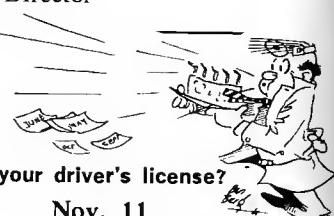
With no further business to come before the Society, Dr. Barton introduced Robert Blake, Society Executive Director, who gave an enlightening and informative talk titled "Is Estate Planning Important: Ask A Doctor's Widow."

Dr. Barton asked if there was any other matters to come before the Society. There being none, Dr. Barton adjourned the meeting with special thanks to all who had a part in the meeting.

Robert B. Blake
 Executive Director

HAPPY BIRTHDAY

Get your annual check-up • Is it time to renew your driver's license?



Oct. 16	Nov. 4	Nov. 11
R. A. Pedraza	R. A. Hernandez	P. W. Weiss
Oct. 17	K. J. Hovanic	
J. Malkoff		Nov. 12
Oct. 18	M. A. Grangopoulos	T. Singh
C. A. Sarantopoulos	V. D. Lepore	
Oct. 23	Nov. 5	Nov. 13
R. J. Hucek	L. O. Gregg	MCMS
V. A. Raval		B. M. Rothschild
Oct. 28	Nov. 6	Nov. 14
I. H. Chevlen	R. H. Wetzel	K. H. Kuppler
Nov. 1	Nov. 9	G. Nagpaul
V. C. Nagina	J. B. Birch	D. E. Pichette
Nov. 2	Nov. 10	Nov. 15
R. A. Abdu	N. K. Badjatia	J. S. Gregori
Nov. 3	J. C. Melnick	R. W. Juvancic

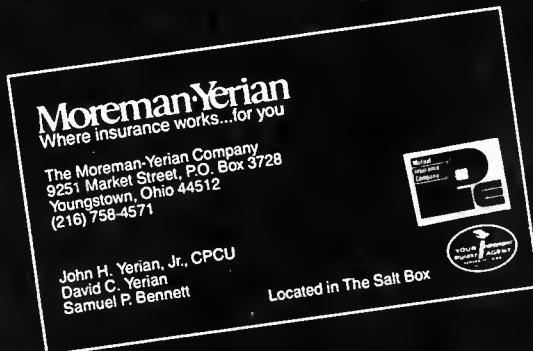
BIG NOT NECESSARILY GOOD

People imagine a male manager as tall, strong and powerful and the man who meets that image gets rewarded, according to a researcher at the University of Pittsburgh's Graduate School of Business.

That's one of the reasons 6-foot, seven-inch tall Steve Henry was able to bilk 650 physicians out of \$4.5 million. Tall and overpowering and able to mesmerize others with their stature, larger than normal males are able to make more average salary than their shorter counterparts. The research determined that a 6-foot-tall professional earned, on average, \$4,200 more annually than his 5-foot 5-inch counterpart.

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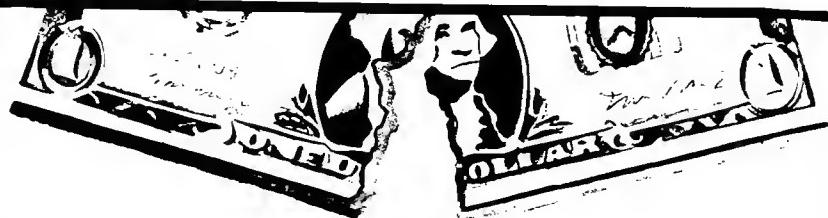
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SPOUSE'S CORNER

Here's a new feature! One that I hope you will come to enjoy. I'm glad this caught your eye. Keep reading and find out what we're up to now!

The Mahoning County Medical Society Auxiliary has generously been granted the space to periodically submit articles of interest to the Medical Society Bulletin. Since I am the Newsletter Editor for the Auxiliary this year, our President, Florence Wang, has graciously selected me to write "Spouse's Corner".

This column will include articles of interest to the Medical Society spouse. We will try to keep both Auxilians and Non-auxilians up to date on what is happening in medicine by way of the federation of medical auxiliaries (local, state and national).

This first article is devoted to membership. The Mahoning County Medical Society Auxiliary wishes to extend an invitation to all physician spouses, those whose physician spouse is a member of the Medical Society, who are not members of the Medical Auxiliary. Only about half of the Medical Society member's spouses are members of our county Medical Auxiliary. We would like to reach out to each and every one of you and ask you to join our ranks.

Perhaps, some could not join in the past, and now, membership seems possible. We extend this invitation now and ask you to please consider enrolling. You might say you really don't have time to be actively involved in the auxiliary. That's okay, your dues are a passive way of supporting the projects and activities of the local, state and national federation. Payment of your dues can make a difference in the role of medicine in the future. Auxiliaries are working hard to effect legislation, to make a contribution to community service and to inform and support the medical family regarding current issues.

In these times when Medicine is being manipulated by powerful factions, we need a strong effort on the part of organized medicine to counteract these groups. The Auxiliary can lend support and give greater impact to organized medicine's work. There is power in numbers and we are asking you to help increase those numbers and let medicine's voice be heard. Please join this year.

If you want to discuss membership, please contact Membership Chairman, Mara Amedia (782-4560) or to pay 1987-88 dues, send \$43.00, (National - \$15.00 / State - \$12.00 / Local - \$16.00), make check payable to: Mahoning County Medical Society Auxiliary. Send to Treasurer: Anita Gestosani, 86 Forest Garden Drive, Youngstown, Ohio 44512.

Welcome to the Auxiliary, through an increase in numbers we will make a difference, we are not helpless, we can affect our own lives!

Dolly Handel, *Newsletter Editor*

WE ARE THE TOP GARBAGE MAKERS

The USA has the dubious distinction of being the No. 1 garbage-producing nation in the world. The primary reason: our love of convenience and our reliance on disposable items that make that possible.

Another reason for the USA's abundance of trash, according to experts, is over-packaging of products to make them eye-catching and to protect against theft and tampering.

Some facts to consider:

The average U.S. resident produces 3.4 pounds of garbage daily, up from 2.5 pounds in 1960.

The U.S. has 10,000 refuse collecting companies and each company removes up to 12 tons a day.

The U.S. has 16,416 landfills. West Virginia has the most with 1,209. Rhode Island has the fewest with only 13.

Paper and paperboard are the most common waste.



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VISITORS TO THE SOCIETY BOOTH in the Health-Medical Building at the Canfield Fair started coming in Thursday before the doors were officially open.

ANOTHER HIGH EXPOSURE FAIR

For some people at the Canfield Fair, rain is a big problem and it hurts their business. For the Health and Medical Building, just as it is for the other buildings, the rain is a mixed blessing because it drives the people inside and exhibitors get high exposure.

With 400,000 plus visitors to the 1987 Canfield Fair, it is estimated that some 175,000 of them walked through the Health and Medical Building and viewed the exhibits and demonstration.

The Medical Society again had its popular feature "Ask The Physician" in operation and physicians participating got a chance to field a wide variety of questions.

An exceptional job was done by Dr. Frederick Friedrich who filled in several spots where there was a need and managed to put in the equivalent of two days of office practice. He had a fantastic rapport with everyone who stopped and particularly mesmerized the youngsters with his explanation of human "innards" using the torso manikin that belongs to the Society. The torso was purchased with funds from a speaker's prize won by Dr. Jack Schreiber several years ago. Dr. Schreiber is chairman of the Canfield Fair Committee for the Society.

Once again, the residents from St. Elizabeth Family Medicine Center and from Western Reserve Care System Family Practice Center staffed the Society booth, along with Dr. James Ervin, Dr. Kimbloe Carter and Dr. Robert Gillette. Residents were: Randal Lewis, M.D., Linda Cuculic, M.D., Mike Evan, M.D., Mike Holden, M.D., Frank Krautter, M.D., James Botsko, M.D. Several of the residents took double shifts. The activity at the booth was most gratifying.

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ITEMS

From the Exec's Desk

ROBERT B. BLAKE, Executive Director

If you are going to move, let the Society office know about it ahead of time. This will do two things: it will assure that you receive your mailings from the Society and will save the Society some money on returned postage because we have to pay if your *Bulletin* doesn't have the proper address.

* * * * *

AMA statistics indicate the mean physician income (net) in 1985 for all specialties combined was \$113,200. The mean number of hours spent in professional activity for physicians in all specialties was 56.8 hours. My own calculations indicate this results in an overall average hourly pay of \$38.33.

All in all, I'd rather be a ballplayer.

* * * * *

Need a good excuse for not cleaning out the garage? Just remind your spouse that informal studies have demonstrated the average time between throwing something out and needing it again is about two weeks!

* * * * *

SOLICITATIONS ALERT — Twice we have received invoices that look very official from "Business Yellow Pages." The invoices were for \$56.00 and \$86.00 respectively and were for a purported nation-wide business directory. A not very noticeable disclaimer is printed on the invoice stating "This is not a bill. This is a solicitation. You are under no obligation to pay unless you accept this offer." This outfit has no connection with the telephone company's Yellow Pages. Read it very carefully before you think of sending a check. It is a gimmick to get you to buy your way into a "directory" that has questionable value. WE THREW OURS IN THE WASTEBASKET.

* * * * *

Something you shouldn't throw away is your invitation from SMB Financial Planning to attend the seminar being held October 24th in the morning at Youngstown Country Club. You can go for a \$50 fee and take your spouse along at no additional charge. There is an ad in this issue telling you how to register.

SOME WORDS OF WISDOM

"If you look like your passport picture, you need a vacation."
... UNKNOWN

"Gentility is what is left over from rich ancestors after the money is gone." JOHN CIARDI

"Kind words can be short and easy to speak, but their echoes are truly endless." MOTHER TERESA

"Officially we revere free enterprise, initiative and individuality. Unofficially, we fear it." GEORE LOIS

"If we could sell our experiences for what they cost us, we'd all be millionaires." ABIGAIL VAN BUREN

CASE HISTORIES ARE NEEDED

In an effort to get the State Welfare Department to do something about the delay of payment and rejection of legitimate fee requests, Sixth District Councilor Dr. J. James Anderson has requested that physicians who have experienced problems with the State department contact him. Dr. Anderson must have case histories and documentation of the problems in order to have the OSMA ombudsman investigate and seek action.

The Council of the Mahoning County Medical Society heard testimony at a recent meeting from a member who related his problems with the State department. Cited were instances of having claims ignored, registered mail not acknowledged, administrative inefficiency that led to claim rejection through no fault of the physician, and other problems.

A short statement of problems encountered and case history documentation should be sent to Dr. Anderson at 5204 Mahoning Ave., Youngstown, OH 44515.

M. Maurine Fogarty, M.S., C.C.C.

Joy W. Elder, M.A.

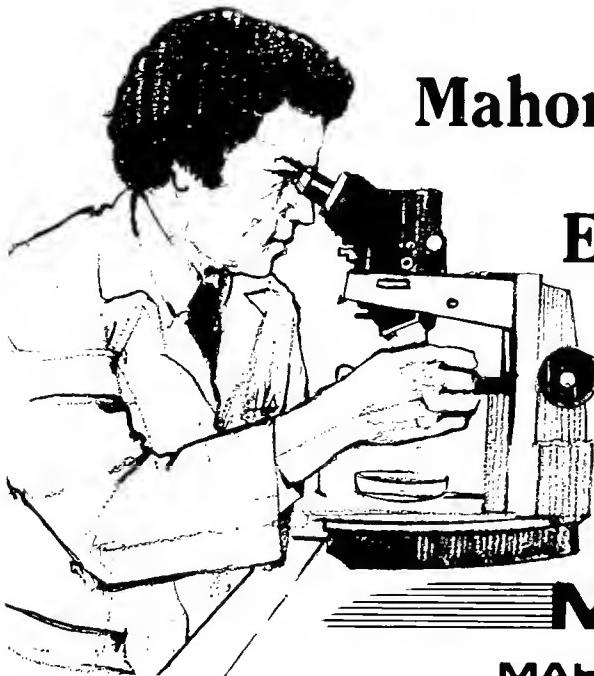
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LEARN TO LISTEN

Good communication is the key to any successful relationship. Nowhere is it more important than in the physician/patient relationship. One study indicated doctors spent an average of two minutes communicating with patients.

Generally when you communicate with a person you get closer to the other person. Communication functions in two ways: speaking and listening. Most people spend 45-50% of their time listening, but very few of us work on the development of our listening skills. Few communication courses are available on listening skills.

Research indicates that listening can be learned and that poor listening essentially results from bad habits. Also there is no correlation between I.Q. and listening ability. More listening training needs to be given throughout our educational system.

Now . . . let's talk about listening to patients. Define your purpose in listening. Is it to obtain facts and information, to discover the patient's attitudes or opinions, or just to allow the patient to ventilate emotion? Successful and efficient listening can be developed by following the guidelines listed:

1. Look at the patient's and facial expressions. Much can be communicated through non-verbal expressions.
2. Listen for the facts. Distinguish between data and opinions.
3. Listen for what is really said, in other words "read between the lines."
4. Indicate to the patient that you have heard what has been spoken by paraphrasing the words back to the patient.
5. Always ask for clarification on any statement that is not clear. Don't anticipate what the patient is going to say.
6. Concentrate on what the patient is saying. Keep in mind that speaking speed is much slower than thinking speed.
7. One of the biggest blocks to effective listening is stirring up one's emotions. Don't make an offensive or irritable response to a patient.
8. Don't change the subject. Let the patient finish what the patient has to say.

Review these guidelines and then think about those that might be helpful to you. A good, effective listening skill becomes a very valuable skill which, in turn, translates into an improved relationship with your patients. Think about the fact that we have two ears and only one mouth, which should lead us to believe we should spend more time listening than we spend talking. A famous sage once stated, "I never learned anything with my mouth open!"

OLDTIMER REMEMBERS

One evening George Deutchlander called me on the phone and said that Georgie had swallowed a tack. I assured him it was not dangerous, that I had a friend who made overstuffed furniture and his employees always had a mouthful of tacks, and frequently swallowed some.

But George didn't go for that. He insisted I come down and get the tack out. So I put my Ewald stomach pump in my bag and went down to his home. While George held his little boy, I started to insert the stomach pump. But Georgie struggled mightily and vomited the pump and stomach contents all over the kitchen linoleum. His Father and I got down and pawed through mess, but found no tack. I said, "well, that's all I'm going to do," and went home. Georgie passed the tack a day later much to the satisfaction of his father and me.

J. L. Fisher, M.D.

HOW ONE VOTE COUNTS

We may think our vote doesn't count and that one vote won't make a difference but we need to be reminded that one vote does count.

In 1645, one vote gave Oliver Cromwell control of England.

In 1649, one vote caused Charles I of England to be executed.

In 1776, one vote gave the U.S. the English language instead of German.

In 1796, John Quincy Adams was elected President by one vote of the electors.

In 1839, one vote elected Marcus Morton, governor of Massachusetts.

In 1845, one vote brought Texas into the Union. California, Oregon and Washington were later admitted by one vote margins.

In 1868, one vote saved President Andrew from Impeachment.

In 1876, one vote gave Rutherford B. Hayes the Presidency of the U.S. and the one vote was cast by a congressman from Indiana who won his election by only one vote.

In 1876, one vote changed France from a monarchy to a republic.

In 1923, one vote gave Adolph Hitler leadership of the Nazi Party in Germany.

In 1960, one vote per precinct elected John Kennedy as President of the U.S.

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In Memoriam

HUBERT S. BANNINGA, M.D.**1904 — 1987**

Dr. Hubert S. Banninga, 83, died Sept. 17, 1987 of a heart ailment at Southside Medical Center. He was an internal medicine physician.

Dr. Banninga was born in Grand Rapids, Michigan. He received his undergraduate degree and his medical degree from Michigan School of Medicine in Ann Arbor. He interned at Flower Hospital in Toledo, Ohio, practiced in Litchfield, Michigan for six months, then started private practice in Youngstown in 1930. He was on staff at North Side and South Side Hospitals.

In 1978, Dr. Banninga received special recognition from the Ohio State Medical Association for 50 years in medicine. He was a member of the Mahoning County Medical Society, Ohio State Medical Association and the American Medical Association.

He was a Past Governor of Optimist International and a Life Member of the organization, past president of Downtown Optimist Club, charter member of the Uptown Kiwanis Club, a member of the Youngstown Chapter of the United States Power Squadron, chairman of the Physical Committee of the Central YMCA, a 33rd Degree Mason, past president of the advisory council of DeMolay from whom he received a special award for 30 years of service, medical chairman of Scottish Rite Reunions, a member of Knight Templar, Aut Mori Grotto and other Masonic organizations.

Dr. Banninga was a member of Trinity United Methodist Church and worked with the church Sea Scout Troop.

OHIO SUPREME COURT ACTION

On August 12, 1987, the Ohio Supreme Court issued an opinion striking down the Ohio law enacted in the mid-1970's that required medical malpractice suits to be filed within four years after the alleged malpractice occurs. This decision is expected to have a devastating effect on Ohio physicians and Ohio medical liability insurance carriers.

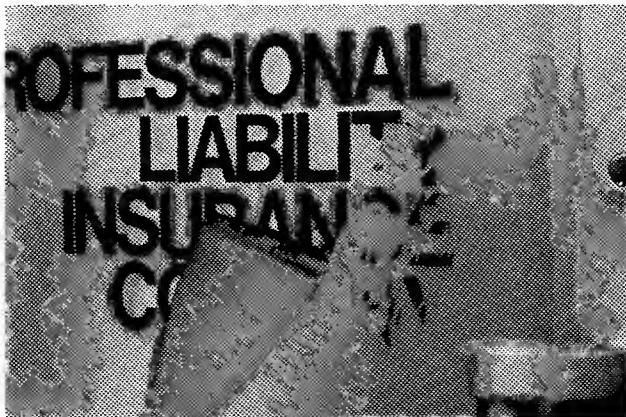
This decision will impact the legislature's reaffirmation of the four-year statute of repose for medical cases in the newly passed medical professional liability bill, House Bill 327, which the OSMA and individual physicians succeeded in having passed in the Ohio General Assembly. However, other provisions of the bill, including the one-year statute of limitations following discovery, mandatory periodic payments and the affidavit to reduce frivolous suits, remain and will help to ensure affordable and accessible medical liability insurance.

In the Opinion, *Hardy vs. Ver Meulen*, the Court held that the four-year statute of repose is unconstitutional in situations in which the individual bringing the lawsuit claims that he or she did not discover the injury within the four-year time frame. Prior to this ruling, a medical malpractice case had to be brought within one year from the date the patient reasonably should have discovered the injury, with an absolute statutory limit of four years from the rendering of medical services for the filing of a suit. The General Assembly essentially preserved this four-year statutory guideline with the passage of House Bill 327 by reaffirming the time limit.

The one-year statute of limitations which runs following discovery of the injury remains intact. In a second decision rendered by the Court, *Frysinger vs. Leach*, the court ruled that a patient has one year to sue after an alleged injury was or should have been discovered or one year after the physician-patient relationship ends, whichever is later.

Harry vs. VerMeulen in particular is expected to have a dramatic effect on medical liability insurance carriers who will now have to reserve for potential losses from medical malpractice suits over an indefinite period of time.

In ten years your malpractice carrier may be just a memory.



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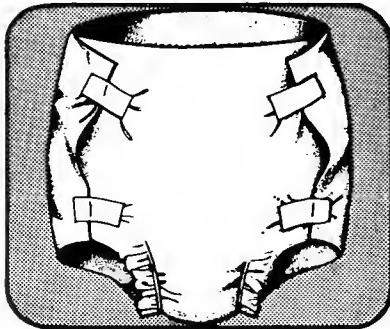
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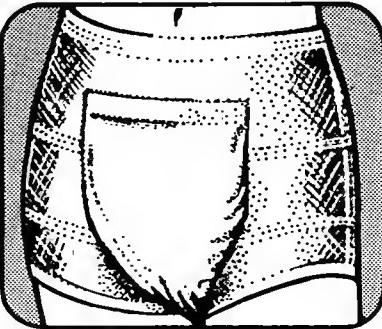
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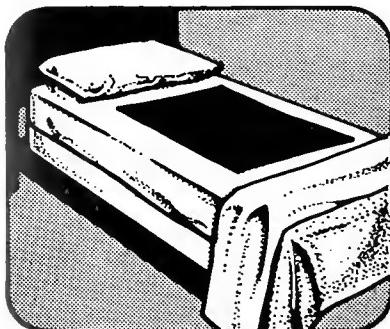
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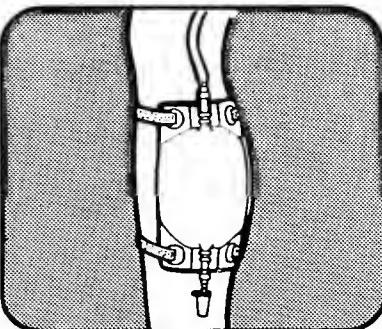
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From the Bulletin

FIFTY YEARS AGO — OCTOBER, 1957

New members that month were Lewis K. Reed, George McKelvey and Brack Bowman.

Two of our fine old members died in September, Dr. John Zimmerman and Dr. D. B. Phillips. Dr. Zimmerman worked in the influenza epidemic of 1918. It was said that for three days he was never in bed. He was a lovable character and had an enormous practice. Dr. Phillips was an authority on allergy when almost no one knew anything about the subject. He was a Southern gentleman and highly allergic himself. He died of asthma.

FORTY YEARS AGO — OCTOBER, 1947

The Sixth Councilor District blossomed out with a big Post-Graduate Day at Canton with a group of speakers from Chicago.

The Women's Auxiliary announced its annual Dinner Dance at the Pick-Ohio on October 25 and Mrs. W. O. Mermis urged everyone to come.

Fluid therapy for extensive burns was receiving attention and the late Dr. Richard V. Clifford wrote an informative article on the subject for the *Bulletin*. Dr. Raymond Scheetz joined the Department of Radiology at St. Elizabeth's Hospital.

The Renner Brewing Company offered an attractive prescription for the overworked doctor's frayed nerves.

THIRTY YEARS AGO — OCTOBER, 1957

Robert Tornello was elected to the Board of Directors of the Ohio State Surgery Association. Robert Foster became a member of the International College of Surgeons. Sodney Franklin was re-elected Department Surgeon of the Ohio Reserve Officers Association.

The Alcoholic Clinic and Hospital was on Lincoln Avenue. Renners Brewery was on Pike St., Lyons Physicians Supply was on Fifth Avenue and Peoples Drug had a store on West Federal St. Some downtown store rooms were vacant but nobody had to board up windows to protect against vandalism. Urban renewal was yet to come.

TWENTY YEARS AGO — OCTOBER, 1967

October was always time for "Postgraduate Day" conceived in Mahoning County, later expanded to include the 6th Councilor District. They were exciting well-attended meetings with notable speakers and drug companies fighting for concession space. It has since withered on the vine, a victim of the transfer of the educational process into the hospital setting, and the increasing demands on the physicians' limited time.

President Harold Reese announced the progress of the one-year-old Medical School Committee, and its plans to establish a Medical School at Youngstown State University. He predicted the school would improve the image and economy of this community.

Dr. Clyde Walter of Canfield passed away suddenly at the prime of his career. Editor Eli Saadi decried the fact that, in spite of the recent medical spotlight on Emphysema, it was still conspicuously absent as a diagnosis on hospital charts and death certificates.

Dr. Charles Waltner had a lengthy and stirring article on the functions and services provided by the Woodside Receiving Hospital. Dr. J. L. Fisher presented an article on the pitfalls of giving "free samples" to patients.

Little Forest Medical Center was about to open its doors on South Avenue with two hundred "Extended Care" beds. Mr. A. B. Elias was to be the new administrator.

TEN YEARS AGO — OCTOBER, 1977

Editor A. Reed Hofmaster dedicated his entire editorial to a salute to Dr. James L. Fisher, first Editor of the "*Bulletin*" on the occasion of his retirement from being an active and regular contributor to the "*Bulletin*" and

the originator of this column, which was originally entitled "Ten - Twenty - Thirty - Years Ago - - From The Bulletin".

Dr. Fisher, now 92, still contributes to the "Bulletin" at intervals under the title of "Old Timer Remembers". Look for his latest article elsewhere in this issue.

Dr. Kurt Wegner was at it again. At the request of Mayor Jack Hunter, the Medical Society was asked for guidance in a program to correct the nationwide problem of a lack of immunization among the nation's children. Dr. Wegner and his preschool health committee went into action, printing up guidelines and contacting all of the physicians and the Auxiliary medical support groups to get these children into "well children" clinics and physicians' offices.

CME AT ST. ELIZABETH HOSPITAL

October 16, CARDIOVASCULAR "Current Trends in the Management of Peripheral Vascular Disease", David Rosenthal, M.D. Associate Professor of Surgery, Director of Peripheral Vascular Fellowship, Medical College of Georgia.

October 23, RHEUMATOLOGY "Low Back Pain", Jerry C. Daniels, M.D. Ph.D., Professor of Medicine and Microbiology, Director of Division of Rheumatology, The University of Texas Medical Branch, Galveston.

October 30, GERIATRICS, Speaker to be announced.

November 6, 1987, PEDIATRICS, "Treatment of Ampicillin-Resistant Bacteria In Infections of the Upper Respiratory Tract", Charles Bluestone, M.D., Professor of Otolaryngology, University of Pittsburgh School of Medicine, Director of Department of Pediatric Otolaryngology, Children's Hospital of Pittsburgh.



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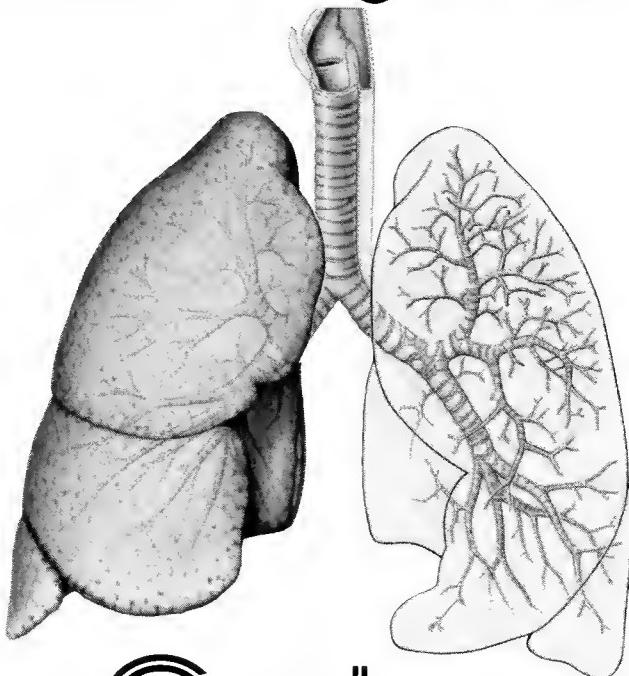
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Summary. Consult the package literature for prescribing information.

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Pseudomembranous colitis has been reported with virtually all broad-spectrum antibiotics. It must be considered in differential diagnosis of antibiotic-associated diarrhea. Color flora is altered by broad-spectrum antibiotic treatment, possibly resulting in antibiotic-associated colitis.

Precautions:

- Discontinue Ceclor in the event of allergic reactions to it.
- Prolonged use may result in overgrowth of nonsusceptible organisms.
- Positive direct Coombs' tests have been reported during treatment with cephalosporins.
- Ceclor should be administered with caution in the presence of markedly impaired renal function. Although dosage adjustments in moderate to severe renal impairment are usually not required, careful clinical observation and laboratory studies should be made.
- Broad-spectrum antibiotics should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis.
- Safety and effectiveness have not been determined in pregnancy, lactation, and infants less than one month old. Ceclor penetrates mother's milk. Exercise caution in prescribing for these patients.

Adverse Reactions: (percentage of patients)

Therapy-related adverse reactions are uncommon. Those reported include:

- Gastrointestinal (mostly diarrhea): 2.5%.
- Symptoms of pseudomembranous colitis may appear either during or after antibiotic treatment.
- Hypersensitivity reactions (including morbilliform eruptions, pruritus, urticaria, and serum-sickness-like reactions that have included erythema multiforme [rarely, Stevens-Johnson syndrome] or the above skin manifestations accompanied by arthritis/arthritis and, frequently, fever]: 1.5% usually subside within a few days after cessation of therapy. Serum-sickness-like reactions have been reported more frequently in children than in adults and have usually occurred during or following a second course of therapy with Ceclor. No serious sequelae have been reported. Antihistamines and corticosteroids appear to enhance resolution of the syndrome.
- Cases of anaphylaxis have been reported, half of which have occurred in patients with a history of penicillin allergy.
- As with some penicillins and some other cephalosporins, transient hepatitis and cholestatic jaundice have been reported rarely.
- Rarely, reversible hyporeactivity, nervousness, insomnia, confusion, hypertension, dizziness, and somnolence have been reported.
- Other: eosinophilia, 2%, genital pruritus or vaginitis, less than 1%; and, rarely, thrombocytopenia.

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